



SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

HOME HEALTH POLICY MANUAL

Section: FORMS

**Subject: PERS Prior Authorization Form
SLTC-240**

PURPOSE:

The Personal Emergency Response System (PERS) Prior Authorization form is used to send notification to Mountain Pacific Quality Health (MPQH) for the following purposes:

1. Referral to initiate a prior authorization/renewal for PERS services;
2. Change of PERS providers; and
3. Notification of member discharge from CFC or CFC PERS services. ◀

REFERRAL:

A referral must be submitted upon completion of the Member's CFC Person Centered Plan (PCP). The Plan Facilitator will complete the form and fax it to MPQH. MPQH will enter the PERS prior authorization into the Xerox claims system and return the prior authorization number to the Plan Facilitator.

RENEWAL:

PERS prior authorizations must be renewed annually (every 365 days) after the completion of the PCP meeting. Failure to renew the PERS prior authorization in a timely manner will result in the inability of the PERS provider to bill for services and may interrupt member services.

CHANGE OF PERS PROVIDERS:

When a member chooses to change PERS providers, the Plan Facilitator must submit a new Prior Authorization form to MPQH to end date the old prior authorization and generate and assign a new prior authorization number for the new PERS provider.



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MPQH NOTIFICATION OF MEMBER DISCHARGE FROM CFC SERVICES OR CFC PERS SERVICES:

When a member discharges from CFC or discharges from CFC PERS services, the Plan Facilitator must notify MPQH in order for the prior authorization to be end dated. ⚡

INSTRUCTIONS:

The Plan Facilitator must complete the following (Check the appropriate box indicating the following action is occurring):

1. CFC PERS Referral ⚡
2. Change of PERS Providers ⚡
3. Ending PERS Services - Date: _____ ⚡
4. CFC Discharge - Date: _____ ⚡
5. PERS Prior Authorization Renewal ⚡

Enter: Plan Facilitator's Name
Plan Facilitator's Phone
Member's Name
Member's Medicaid ID #
PERS Provider Name



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NOTE: The PERS provider must be contacted prior to the selection to determine the type of service provided, the cost of service per unit and whether an installation fee is required.

Provider Medicaid ID

Select the type of Service: PERS Installation

PERS Rental

Appropriate Modifier: Agency based PERS does not require the use of a modifier for billing.

Requested Units: Rental Unit = 1 month of service
Or
Installation Unit = 1 installation charge

The current units must cover the number of units for the service authorization period. If the member is beginning PERS in the middle of the service year the number of units must be prorated to the number of months left before the next annual member visit.

For example: 12 months = 12 units

January-July = 7 units



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Authorized Units: Authorized units should be left blank. MPQH will fill out the authorized units at the bottom of the form.

Date Span: List the date span that corresponds to the authorization period and current units listed.

Comments: Enter additional Comments.

**Agency Signature/
Phone/Date:** Plan Facilitator will sign, provide a contact phone number and date the Prior Authorization form.

Upon form completion, the Plan Facilitator must fax the Prior Authorization form to MQPH. MPQH will enter the prior authorization into the XEROX system and return the form to the Plan Facilitator. MPQH will complete the information on the bottom half of the form, including the PERS prior authorization number, the total number of units authorized, and the date span. The MPQH reviewer will sign the form prior to faxing it to the Plan Facilitator.

Upon receiving the PERS prior authorization number from MPQH, the Plan Facilitator must complete the PERS Referral Form, SLTC 241, in its entirety. The Plan Facilitator will then submit the form to the PERS provider to initiate the member's PERS service.

DISTRIBUTION:

A copy of this form must be retained by the Plan Facilitator in the member file.